The decision to have an abortion from both partners' perspectives: a dyadic analysis

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ABSTRACT

Objectives: Male partners are often involved in induced abortion although they have no legal rights.

It is however unknown how women's thoughts and feelings regarding the decision for abortion are associated with the decisional experiences of the involved male partners and vice versa.

Methods: Flemish women and their involved male partners (IMP) filled out a questionnaire on abortion motives and feelings of decisiveness in the abortion center waiting room (N=106 couples). Actor Partner Interdependence Models investigated whether the decisiveness of one partner was associated with a subjective feeling of autonomy (high internal, low external abortion motivation) and decisiveness of the other partner, above and beyond the own feeling of autonomy and personal vulnerabilities for being uncertain.

Results: Partner congruence in motivation and decisiveness was substantial ($r = .23$ to $.42$), especially for cohabiting partners. The IMPs were less internally motivated for the abortion than the women but both partners reported more internal than external motives, and they both tended to feel certain. In contrast to the women, a higher subjective feeling of autonomy in the IMPs was not associated with feeling more certain. When accounting for partners' living situation, levels of uncertainty were not only associated with personal vulnerabilities for being uncertain, but were also related to the degree of uncertainty and subjective level of autonomy of the other partner.

Conclusions: Partners' thoughts and feelings regarding the decision for abortion partially have an interpersonal basis and mostly run parallel despite an inherent gender difference in level and importance of decision autonomy.

INTRODUCTION

Today, women in many Western countries have won the legal battle for induced abortion¹. Since 1990, Belgian women have been permitted to terminate an unwanted pregnancy on their own request till 12 weeks of gestation, subject to legal constrictions such as a mandatory waiting period and attendance at a pre-abortion counseling session. To give women full ownership in the decision about continuing the pregnancy, men have no formal legal rights in induced abortion. Despite the absence of legal rights for them, men are very often involved in the decision to opt for abortion, either directly or indirectly²⁻⁴. Unfortunately, to date little attention has been paid to the decisional experiences of the involved male partners (further indicated as IMP) themselves²⁻³.

The reality of male partners' involvement in the decision for an abortion in the context of women's legal reproductive ownership points to the theoretically understood difference between autonomy and dependence in human decisions⁵. According to Self-Determination Theory (SDT), autonomy refers to the volitional aspect of decisions, i.e. the degree to which the decision-maker feels free from external pressure to make the decision while dependence refers to the inevitable involvement of others in a decision-making process⁵. In SDT, a subjective feeling of autonomy, conceptualized by being more internally than externally motivated, is set central in the adaptation to minor or key decisions in life (for instance the decision to become pregnant)⁶. Previous research on abortion looking to demonstrate a role for decisional autonomy, in which women can decide for an abortion for reasons they themselves value and as a function of other important goals in life has found to it be important for women's emotional adaptation post-abortion⁷. We might then question the degree to which the IMPs feel they themselves have autonomy in the decision for abortion and how important this feeling of autonomy is for their own adaptation to the decision. As is seen with abortion-seeking women, IMPs are often motivated to decide for an abortion by the desire to provide good parenting, which might represent a high internal motivation². But while most of the IMPs seem to experience the abortion as being a personal, and volitional choice too, other men feel

overtly or silently pressured by the woman to decide for abortion, demonstrating a certain degree of external motivation for the abortion²⁻³.

In addition to the very little research on the IMPs in induced abortion, to date authors have mostly focused on women's intrapersonal experiences with the decision for abortion and the personal, relational or societal factors associated with it⁸⁻⁹, set apart from the actual experiences of the involved male partner. According to interdependence theory, this within-person focus neglects the possible interdependence between partners' cognitions, motivations, and emotions¹⁰. The theory then states that within relationships, intrapersonal phenomena such as motives or feelings towards a certain decision get additional meaning in an interpersonal framework where the actual experience of the other partner towards that decision is also taken into account¹⁰.

Although it has, for instance, been shown that perceived responsiveness and support of relatives (including the IMP) decreases women's risk of abortion related difficulties⁷⁻⁸, the degree to which her potential decisional difficulties are related to the actual thoughts and feelings of the IMP towards the decision for abortion, has not been investigated yet. Flipping the issue on its head, there is also little known about whether and how the IMPs' adaptation to the decision is associated with the actual thoughts and feelings regarding the abortion of the abortion-seeking women.

In this study, we therefore aim to map the degree and structure of interdependence between both partners' feelings of autonomy in the decision for abortion on the one hand, and both partners' feelings of decisiveness regarding the abortion on the other hand. The latter has been shown to be a good indicator for the emotional adaptation to the decision for abortion⁷⁻⁸. Firstly, we explore the degree to which partners' internal and external motives for abortion and feelings of decisiveness resemble each other, both within the couple as at a gender based level. Secondly, we investigate whether partners' possible feelings of uncertainty are not only associated with intrapersonal vulnerabilities, i.e., personal difficulties in making decisions in general as predicted by

the co-occurring risk perspective on induced abortion⁸⁻⁹ on the one hand or low subjective feelings of decisional autonomy, as predicted by SDT on the other hand^{5,7}, but also depend on the actual subjective feelings of autonomy and decisiveness of the other partner, as predicted by Interdependence Theory¹⁰. Finally, it is examined whether the structure of interdependence between both partners' experiences differs along the relational context of the involved partners.

METHODS

Study design

From January to September 2015, every adult (age > 18) Dutch-speaking woman seeking an induced abortion in one of the five Flemish abortion centers (located in the northern part of Belgium) was invited to take part in a longitudinal study on the decision-making process underlying induced abortion. When a man accompanied the abortion-seeking woman, he was asked to participate too, after having confirmed he was the involved male partner (IMP). Both partners could participate independent of each other. Both were told about two options: participating in a full diary study or filling out a questionnaire at four fixed data collection points (before the counseling session, one or two days after the counseling session, the evening of the abortion procedure, and two weeks after the procedure). For the current analyses, only the data of the first data wave (before the counseling session) were used. When the woman or the partner declined to participate, we asked them to fill out a reply-card stating their age, nationality, civil status, and the reason for non-participation. One third of the non-responders agreed to give this information. A pencil and paper questionnaire was filled out by each woman and the corresponding partner (when present) in the waiting room of the abortion center, before entering the counseling session and before the start of the mandatory six-day waiting period. When the corresponding partner was absent, women were invited to ask them to fill out an electronic version of the first questionnaire, the day after the counseling session. This option was taken by ten partners (8.1% of the total number of male participants in our study). Both

partners needed to sign an informed consent before they filled out the paper-and-pencil or electronic questionnaire and the study was approved by the Ethical Committee of the University Hospital Ghent.

Measurements

Subjective feeling of autonomy: Internal and External Abortion Motivation

Two subscales of the 'Motives for Parenthood' questionnaire, constructed by Brenning and colleagues are adapted for use in current study: the identified regulation (4 items) and external regulation (4 items) subscales¹¹. The scales are based on theory and previously developed operationalisations of pregnancy motivation, making a distinction between internal (own) and external (other-related) motives for making a decision⁶. Items measuring the degree of internal abortion motivation include, for instance, 'Terminating this pregnancy will help me to fulfill the most important goals in my life' or 'Terminating this pregnancy seems the only way to be able to fully develop as a person in the future'. Items measuring the degree of external abortion motivation include, for instance, 'I would not feel accepted by the people around me if I were to have a child now' or 'Choosing to have a child now would give me the feeling that I have failed with regard to the expectations of the people around me'. Both women and the involved male partners were asked to independently rate the items on a 5-point response scale (1= totally disagree, 5=totally agree). Scores for both subscales ranged from 4 to 20. Cronbach's alphas for the internal motives scale were 0.79 for the women and 0.88 for the male partners, while for the external motives scale they were 0.76 and 0.71, respectively. The higher the score on the internal motives scale, the more the abortion was experienced as an autonomous decision involving free choice. The higher the score on the external motives scale, the more the abortion was experienced as a non-autonomous decision influenced and controlled by external factors.

Adaptation to the decision for abortion: 'Satisfaction-Uncertainty'

To measure both partners' feelings of decisiveness with regard to the decision for abortion, the 'satisfaction-uncertainty' subscale of the Dutch Decision Evaluation Scale was used¹¹. This scale comprises of five items with a 5-point response scale (1= totally disagree, 5=totally agree) and maps patients' satisfaction and uncertainty about medical decisions. Sample items are 'I expect to stick with my decision' (an item where the score is reversed) and 'I find am finding it hard to make this choice'. Scores range from 5 to 25. The lower the score, the lower the level of uncertainty towards the decision for abortion and the higher the emotional adaptation to that decision. Cronbach's alpha was 0.82 for the female and 0.75 for the male sample.

Personal vulnerability for being uncertain: General Ability for Cognitive Closure (AAC)

To control for the role of personal difficulties in making decisions in general, the *Ability to Achieve Cognitive Closure* scale (ACC) was used¹². The ACC measures the perceived ability to cognitively 'close the mind' to alternative options when making a decision. Sample items of the AAC are 'When faced with a problem I usually see the single best solution very quickly' or 'I would describe myself as indecisive' (reversed item). The scale comprises 15 items on a response scale from 1 (totally disagree) to 5 (totally agree). Scores on the AAC were calculated by taking the mean of the scores on the 15 items and range from 1 to 5. The higher the score, the easier it is for the person to make decisions in general, and the lower the level of uncertainty about a certain decision. Cronbach's alpha was .91 and .90.

Study sample

From the total sample of women and men who agreed to participate in the first wave of data collection, a smaller subset of couples was drawn (N=106), for whom there was a link with the corresponding partner. The process of selection of participants is shown in Figure 1.

Figure 1. Overview of sample selection.

In total, 436 women and 123 partners agreed to participate in the first data wave. Response cards were returned by 704 female and 222 male non-responders. Both for women and their partners, no differences were found between participants and non-responders in age ($t(418)=0.62$, $p=.53$; $t(112)=0.71$, $p=.48$), or nationality ($\chi^2(1)=0.83$, $p=.36$; it should be noted that for the partners, χ^2 could not be calculated because of the small percentage of participating men with a non-Belgian nationality). Marital status did differ, however, ($\chi^2(3)=10.8$, $p<.05$ and $\chi^2(3)=34.6$, $p<.001$) with a higher percentage of single women and men in the study sample than in the non-responder group (53.9% versus 45.7 for the women and 47.5% versus 44.0% for the partners).

From this first data wave, we gathered data for 106 couples (24.1% of the total female sample and 85.4% of the total male sample). For all further analyses, only this sample of complete couples was used.

Analysis

First, paired t-tests were used to examine general woman-partner discrepancies in mean degree of internal, and external motivation, and level of uncertainty related to seeking an abortion. Correlation analyses were performed to investigate the degree of interdependence in both partners' scores. These analyses were performed in SPSS, version 20.

To explore the relationships between subjective feelings of autonomy (high internal and low external motives for the abortion) and decisiveness within and between partners, we relied on the actor-partner interdependence model (APIM)¹⁶. This model offers an appealing framework to model interdependence in dyadic relationships by its definition of actor and partner effects. An actor effect indicates how much a person's outcome is predicted by his or her own characteristics (i.e., an intrapersonal association), whereas a partner effect indicates how much a person's outcome is affected by the corresponding partner's characteristics (i.e., an interpersonal association). In the APIM-model, the relationship between one's internal and external abortion motivation and one's own and one's partner's degree of uncertainty about the decision was assessed, while accounting for interdependence between the woman's and the partner's uncertainty scores and examining the role of general ability for cognitive closure. We simultaneously examined different actor and partner associations between motivation and decisiveness in women and their partners.

The APIM was tested on a subsample of 96 couples for which complete data on the three main variables (internal, and external motivation and uncertainty) was available. Both APIMs were fitted using Structural Equations Modeling in the R-package lavaan.

RESULTS

Sample characteristics

In Table 1, the socio-demographic features of the 212 women and men in the couple sample are depicted. More than half of the women had already been pregnant before and about one fourth had already experienced an induced abortion. More than half of the women (62.3%) were living together with a partner, while this was the case for 61.5% of the abortion-seeking male partners. Presumably for most of them, the partner who they were living with was also the partner who was participating in the study. We do not know, however, the exact number of abortion-seeking women for whom the participating partner in the study was not the partner who was involved in the pregnancy or who was not the woman's current partner. We estimate the percentage of couples for whom this was the case at 4-5% (based on information gathered in the second data wave).

Table 1. Sample characteristics (n=106 couples)#

	Women		Partners	
	N	%	N	%
Age, in years, mean (SD)	N=104		N=98	
		M= 30.0 (6.8)		M= 32.2 (7.7)
Educational attainment	N=98		N=95	
No/Primary Education	5	5.1	4	4.2
Primary High School	12	12.2	9	9.5
Secondary High School	42	42.9	48	50.5
Bachelor/Master degree	39	39.8	34	35.8
Civil status	N=105		N=103	
Single	53	50.5	47	45.6
Cohabiting	24	22.9	24	23.3
Married	21	20.0	23	22.3
Divorced	7	6.7	9	8.7
Widowed	0	0.0	0	0.0
Living situation, n (%)	N=106		N=104	
Cohabiting with partner (and children)	66	62.3	64	61.5
Living alone, with friends, parents or children	40	37.7	40	38.5
Ethnic descent, n (%)	N=103		N=103	

Abortion from both partners' perspectives

Innate	90	87.4	89	86.4
Western immigrant	10	9.7	8	7.8
Non-Western immigrant	3	2.9	6	5.8
Gravidity[†], n (%)	N=102		N=101	
No previous pregnancy	35	34.3	40	39.6
Previous pregnancy	67	65.7	61	60.4
Previous abortion, n (%)	N=102		N=100	
No previous abortion	74	72.5	78	78.0
Previous abortion	28	27.5	22	22.0

Note. #Sum of subsections differs from the total n because of missing data, [†]Although gravidity can theoretically only be used for defining the pregnancies in women, we use it here both for men and women

Women and men in the couple sample did not differ significantly from the sample of women and men where the partner did not participate in the study, either in marital status ($\chi^2(3)=0.81$, $p=.85$ and $\chi^2(3)=3.83$, $p=.28$ respectively) or in living situation ($\chi^2(1)=2.99$, $p=.08$ and $\chi^2(1)=0.51$, $p=.48$). Their degree of uncertainty regarding the abortion was also equal ($t(426)=-1.6$, $p=.10$ for the women and $t(114)=.00$, $p=.99$ for the male partners). Internal and external motivation was found to be equal in both groups, both for women ($t(422)=-.65$, $p=.52$; $t(423)=.17$, $p=.86$) and for the male partners ($t(112)=.55$, $p=.58$; $t(11)=-.60$, $p=.55$).

Both partners' experiences of subjective decision autonomy, and uncertainty

In Table 2, the descriptive results on both partners' degree of internal and external motivation (representing the level of subjective decision autonomy) and uncertainty are shown. Both women and the male partners reported more internal than external motives for the decision to seek an abortion. Internal motivation for abortion was, however, higher in women, indicating that women generally feel more autonomous in the decision than their male partners do. The degree of external abortion motivation was, on the contrary, equal for both partners. Male partners and women reported an equal degree of uncertainty about the decision, which was moderately low for both partners (12 on a scale from minimum 5 to maximum 25, which is below the midpoint of 15).

Table 2. Descriptive statistics

	Women		Partners		Paired t-test
	M	SD	M	SD	t (df)
Motives for abortion [<i>min. 4 – max.20</i>]					
Internal motivation	14.2	4.0	12.7	4.5	3.14 (99)**
External motivation	8.1	3.9	7.4	3.6	1.68 (101)
Uncertainty about the abortion [<i>min. 5 – max. 25</i>]	12.0	4.8	11.8	4.3	0.56 (104)
General ability for cognitive closure	3.7	1.0	4.1	0.9	-3.27 (87)**

Note. ** p< .01

In Table 3, the between-partners as well as within-person correlations between the scores on the three main variables are represented. From the significant between-partner correlations on the diagonal we find that feelings of autonomy and decisiveness of partners within a couple are interrelated with each other. The more uncertainty the woman encountered, the more the male partner was likely to be uncertain ($r=.42$, $p<.001$). The more internally motivated the woman was for having the abortion, the more the male partner felt that the decision is made for internal reasons too ($r=.30$, $p<.01$). However, it is worth noting that the degree of interdependence between partner's scores on internal abortion motivation was higher for partners who were cohabiting ($r=.40$, $p<.001$; not in table) than when the woman was living apart from the male partner ($r=0.12$, $p=.441$; not in table).

Interestingly, when male partners experienced more external pressure to have the abortion, they were also more internally motivated for the decision ($r=.31$, $p<.01$; see Table 3). For women this was not the case, however, as the association between external and internal abortion motivation was not significant.

Table 3. Correlations between internal and external motives for abortion, and levels of uncertainty, within and between partners

	1	2	3
1. Internal motivation	0.30**	-0.11	-0.32**
2. External motivation	0.31**	0.23*	0.37**
3. Uncertainty	-0.21*	0.00	0.42**

Note. Correlations for the women are presented above the diagonal and correlations for the male partners are presented below the diagonal. Correlations between women and male partners are presented on the diagonal.

* $p < .05$, ** $p < .01$

Intrapersonal and interpersonal associations between subjective decision autonomy, and uncertainty, controlling for general ability for cognitive closure

In Table 4, the results of the APIM analysis on the link between abortion motivation and uncertainty about the decision whilst controlling for ability for cognitive closure are shown. As predicted, women were in general more certain about the decision when they were more internally motivated to have the abortion. The woman's degree of uncertainty was independent of how the IMP motivated the decision for abortion (no partner effects) but was strongly associated with her general ability for cognitive closure. The level of uncertainty about the abortion experienced by the IMP was also independent of what motives lay beneath the decision, both for themselves and for the women (meaning there were neither actor nor partner effects of feelings of autonomy on the IMPs' uncertainty scores). Levels of uncertainty still strongly depended on the IMPs' general abilities for cognitive closure in decision-making, however.

Table 4. APIM analysis assessing the association between level of subjective decision autonomy (high internal, low external motivation for having the abortion), and level of uncertainty, controlling for general ability for cognitive closure(n=96)

	Uncertainty Women B (SE)	Uncertainty Male partners B (SE)
Own internal motivation	-0.24** (0.11)	-0.13 (0.10)
Own external motivation	0.15 (0.11)	-0.02 (0.12)
Partner's internal motivation	0.02 (0.10)	-0.14 (0.11)
Partner's external motivation	0.06 (0.12)	0.15 (0.10)
General ability for cognitive closure	-0.48*** (0.42)	-0.46*** (0.43)

Note. Standardized coefficients; coefficients have to be interpreted on a linear scale, ** $p < .01$;

*** $p < .001$.

Number of couples in this analysis differs from the total number of couples in the study because of missing data

When living situation of the abortion-seeking partners was taken into account (not in table), the results also showed significant partner effects. In Figure 2 it is illustrated that abortion-seeking women who were cohabiting were more uncertain about the decision to have an abortion if the IMP pressed the decision by more external motives, whereas IMPs were more decisive about the abortion when their cohabiting female partners reported more personal, internal reasons for the decision (partner effects of feelings of subjective autonomy). For those not living together, a higher external abortion motivation (indicating a lower subjective feeling of autonomy) in the women was associated with a higher degree of uncertainty in the women themselves (actor effect) as well as in their IMPs (again a partner effect of feelings of subjective autonomy; see Figure3). Interestingly, only in cohabiting couples, the association between both partners' levels of uncertainty remained significant after accounting for the role of both partners' subjective feelings of autonomy.

Figure 2. Visualisation of the actor and partner associations between level of subjective decision autonomy (high internal, low external abortion motivation) and level of uncertainty, for cohabiting partners (standardised parameters), * $p < 0.05$; ** $p < 0.01$

Figure 3. Visualisation of the actor and partner associations between level of subjective decision autonomy (high internal, low external abortion motivation) and level of uncertainty, for partners living apart (standardised parameters), * $p < 0.05$; ** $p < 0.01$

DISCUSSION

Findings and interpretation

In this study, it is brought to light that, to some degree, partners' thoughts and feelings regarding the decision for abortion are associated with each other. First and foremost, the motives and feelings of decisiveness of both partners involved in the abortion corresponded fairly well, especially for couples who are cohabiting. The more the IMP felt decisive, the more the woman felt certain about the abortion too and vice versa. Similarly, the more the woman felt that the decision for abortion was her own choice (high internal motivation), the more the IMP felt that the decision was under his own volition for him too. This correspondence between partners' experiences implies that in general, women who have involved their male partner in their abortion have co-constructed their ideas and feelings regarding the decision with him before they enter the abortion center. Both partners then define the motivations underlying their decision for an abortion more as a personal, volitional choice than as a compliance to external expectations and both are quite decisive, which demonstrates that both feel as if they co-own the decision. As previous authors have demonstrated, both of the involved partners often perceive an abortion as an inevitable and certain solution because of their own wishes to be responsible, good parents^{2,14}. Nevertheless, a certain degree of external pressure from family, friends or partner not to have a child now was often present in both partners' motives for abortion. This absence of complete independence from others, both for women and their male partners, has already been described in previous qualitative studies and follows the original feministic concept of relational autonomy¹⁵⁻¹⁷.

In this study, especially the interpersonal, in addition to the intrapersonal nature of women's and men's motives and feelings regarding the decision for abortion is demonstrated. It appears that in cohabiting couples, the uncertainty of one partner is not only associated with their own difficulties with making decisions in general but can partially be explained by the degree to which their partner

is uncertain too and the degree to which he or she feels free to decide on having an abortion. Also for those not living together, the degree to which the woman felt externally pressured to have the abortion affected or was affected by the uncertainty of her non-cohabiting male partner. Since this study presents cross-sectional data, the process by which these associations occur is not revealed. It might be the case that the uncertainty of one partner affects whether the other partner feels free to make their own decision or vice versa – that feelings of choice or pressure in one partner affect the degree of uncertainty experienced by the other partner. Nevertheless, partners own thoughts and feelings regarding the abortion are inseparably linked with each other.

In addition to the results on congruence and interdependence, some general differences between women and the male partners were found as well. Women reported feeling as if they owned the decision the most since their internal motivations to seek an abortion were generally higher than those of the male partners. This might represent the actual legal and clinical situation in which she, as a patient, needs to give her informed consent to the medical doctor and as such needs to be more able to justify the abortion decision. Our results demonstrated that women need this feeling of decisional autonomy to be sure that the decision is right for them at that moment in their lives, as has already been postulated by other authors^{7,18}. The male partners, on the other hand, seem to be quite dependent for their decisiveness on the women's abortion motives, and not on their own abortion motives. This reflects the results of other studies on attitudes towards male involvement in the decision for abortion: according to the men although there is a need and wish for involvement and having a voice, the ultimate decision should mainly rest with the women¹⁹.

Finally, our results demonstrated that personal pre-abortion differences still play an important role in the adaptation of both partners to the decision for an abortion. These results confirm the co-occurring risk perspective on women's wellbeing post-abortion⁸⁻⁹. The more difficulties a woman or man reported encountering in decision-making in general, the more uncertain he or she

was about the decision to opt for an abortion, demonstrating the adaptive role of people's overall ability for cognitive closure¹².

Differences in results and conclusions in relation to other studies

Cases of disagreement of male partners with the abortion-seeking women – which have been described in other studies^{3,20} – seem to be rather absent in our study as the internal abortion motivation and decisiveness of both partners in our sample was quite high. This is likely due to a difference in recruitment strategy. In the studies by Naziri and Reich & Brindis, a very selective group of men were questioned about their (mostly negative) experiences of the decision to opt for abortion during the post-abortion period after having recruited them via newspapers or abortion clinics. Indeed Naziri mentions that for the majority of their male participants, the decision to have an abortion led to a serious crisis in their relationship with the abortion-seeking woman. We hypothesize that the male partners in our study were quite engaged in their relationships with the abortion-seeking woman (see also the limitations of our study), which undoubtedly influenced the chance that they were willing to participate in the study and the degree to which they were likely to agree with the woman on having an abortion. Questioning male partners who only became aware of the abortion after the termination had taken place could have yielded different results.

The results also contradict one of the central hypotheses of universal Self-Determination Theory which sets autonomy central in the adaptation to the decisions of all human beings⁵. More subjective decisional autonomy in the male partners was namely not related to less uncertainty for themselves, in contrast to the importance of a feeling of autonomy for the women's level of decisiveness. This might represent the unique nature of reproductive decisions in which gender roles play a particular role. Reproductive decisions are probably also a very special issue with huge relational and societal complexity which a theory on individual decision-making is bound to partially fail to explain. As others have demonstrated, intrapersonal or even partner-related factors are only

one of the determinants for good emotional adaptation in response to the abortion experience.

Societal factors such as abortion-related stigma, support from relatives other than the male partner, delays in referral to the abortion clinic, or religion also play an important role^{7,9,21}.

Relevance of the findings: implications for clinicians and policymakers

Pre-abortion counselors and health care providers involved in abortions should be aware of the interdependence between both partners' experiences of deciding for abortion, either when speaking with the woman or male partner alone or with both partners being present in the abortion center. Couple abortion counselling, as proposed by Becker et al., could then help partners who are both present in the abortion consultations – if they so desire – to discuss and review their mutual influences on each other's perceptions, opinions, and feelings regarding the abortion, in the presence of the other partner²². In current Flemish abortion practice, the male partner is usually involved in the counselling session when he in fact accompanies the woman to the abortion center. Counselors do however acknowledge women's primary need for decisional autonomy meaning that women are never pushed towards actually involving the male partner. Offering the involved male partners who accompany abortion-seeking women to the abortion center an opportunity for either individual or couple counselling, can help them to formulate their possible own uncertainty and the intrapersonal or interpersonal origins of it. As such, even in the absence of the other partner, the interdependence between both partners could be reviewed and discussed. This could help both partners to understand the underlying relationship between one's own and the partners' thoughts and feelings regarding the abortion. Counselors could in addition help both partners to understand and normalize their possible feelings of uncertainty by framing these feelings in their own history of coping behaviors such as their general ability of making decisions.

Strengths and weaknesses of the study

Although a reasonably high number of couples were systematically and simultaneously questioned about their individual experiences of the decision to have an abortion, this study has some important limitations. First and foremost, the study sample is likely to have been subject to selection bias. In the study, only those men who either accompanied their female partners to the abortion center or who were asked by an abortion-seeking woman to participate and eventually agreed to, were included in the analyses; for the bulk of this analysis we only focused on men whose female partners also participated in the study. Although we found no difference in mean levels of decisiveness, autonomy or living situation between the men in our couple sample and men who participated alone (without the female partner), we might hypothesize that the men in our sample might already be quite supportive of their partners' decisions for abortion, or were at least already quite dedicated to their relationships with them. This might have affected the high degree of partner congruence in autonomy, and decisiveness found in this study. Although we tried to reach out to male partners who did not accompany women to the abortion center (to limit this kind of selection bias), only 10% of the men in our study were recruited this way. This small group of men did not differ from the men who were present in the abortion center in mean degree of uncertainty about the abortion or mean degree of decisional autonomy but the degree of congruence between the partners in uncertainty and autonomy was found to differ (results not shown). This might indicate that the context of both partners being present in the abortion center when filling out the questionnaire has influenced the level of interdependence in scores on the main variables in a significant way. As Reich and Brindis suggest, we questioned men in their role as involved male partners of an abortion-seeking woman²⁰. This group of men is certainly not representative of all men who are confronted with an induced abortion.

Secondly, the women and male partners were questioned at one particular moment in the abortion process: in the waiting room of the abortion center (except for those men who filled out the

questionnaire at home), before they spoke to a counselor. We could hypothesize that the location and the specific moment encouraged both partners to be congruent in their reported abortion motivation and decisiveness. Indeed, several studies have found women's decisiveness to be quite high before receiving pre-abortion counselling²³. This might contrast with the results of random retrospective studies in which the small group of women or men who become doubtful about their decision post-abortion are probably overrepresented. As this study was not longitudinal, we also lack information about the direction of the partner influences uncovered.

Finally we did not ask participants whether they possibly also have motives for carrying the pregnancy to term. We assumed that most of the participants had already more or less decided before arriving at the abortion center and supposed it would be unethical to ask for their considerations regarding the opposite choice. We could, however, have provided insight into the societal and internal barriers for having an induced abortion affecting both partners by questioning external pressure for deciding to carry the pregnancy to term, as has been illustrated by research on the effect of (internalized) abortion stigma²¹. In addition, when questioning for external abortion motivation, we did not ask about the sources of external pressure for deciding for abortion. It would have been interesting to explore the degree to which this external pressure was derived from the according partner in comparison to other sources of pressure such as parents, friends or society in general.

Despite these limitations, both members of a sample of 106 couples were questioned about their motives and feelings regarding the decision for abortion. An intensive data recruitment strategy (women seeking an induced abortion and their involved male partners, whether present or absent during the first visit to the abortion center), a rigorous data analytical method (APIM analyses), theoretical and clinically-based research questions (Self-Determination Theory within the context of women's reproductive autonomy, Interdependence Theory) and the use of valid and reliable questionnaires enabled the researchers for the first time in abortion research, to

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systematically examine whether and how partners experiences with the decision for abortion are associated with each other.

Unanswered questions and future research

Despite the focus on the interpersonal context in which abortion experiences occur, this study mostly dealt with the individual issues arising from the partners' decisional processes (the motivation, and decisiveness towards the already planned abortion). Future research should further elaborate on the interactional mechanisms and processes by which partners influence each other during the decision for an abortion. Starting from the process by which male partners become involved in the decision, future research could examine how women and their IMPs move from becoming aware of the unintended pregnancy to their final decision for abortion. Future studies should therefore either seek to use longitudinal designs or attempt to ask both of the partners involved in an unintended pregnancy to report their feelings about the decision prior to their visit to the abortion center.

CONCLUSION

The motives and feelings of decisiveness of partners involved in the process of seeking an induced abortion mostly mirrored each other. The subjective feelings of autonomy in the decision for abortion of one partner were associated with the feelings of decisiveness of the other and vice versa. Both of the partners experienced a certain degree of autonomy although the decision was more motivated by the women's reasons for having an abortion. Only women needed this personal abortion motivation to be certain about the decision to opt for an abortion. For both partners, feelings of uncertainty largely followed a pattern of higher difficulties in making decisions in general .

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